

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

08 338730

Date: 12 November 1994

File No. A-60512/DJB/JAB

Commissioner of Patents
and Trademarks
Washington, DC 20231

"EXPRESS MAIL" MAILING LABEL

NUMBER TB608084565US

DATE OF DEPOSIT 12 November 1994

I HEREBY CERTIFY THAT THIS PAPER OR FEE, INCLUDING LISTED ENCLOSURES,
IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL
POST OFFICE TO ADDRESSEE" SERVICE UNDER 37 CFR 1.10 ON THE DATE INDICATED
ABOVE AND IS ADDRESSED TO: THE COMMISSIONER OF PATENTS AND TRADEMARKS,
WASHINGTON, DC 20231.

TYPED NAME Jan P. Brunelle

SIGNED

Sir:

Transmitted herewith for filing is the patent application of Inventor(s):
1. ^{ED} Samuel WEISS; Brent A. Reynolds
ET AL

For: REGULATION OF NEURAL STEM CELL PROLIFERATION

Enclosed are also:

____ Prior Art Statement
____ X 3 Sheets of drawing, Formal _____, Informal X
____ An Assignment of the invention to:

Cost of recording to be charged to Deposit Account No. 06-1300
(Order No. A- /)

____ Power of Attorney by Assignee & Exclusion of Inventor Under 37 CFR 1.32
____ Combined Declaration and Power of Attorney for Patent Application
____ Declaration for Patent Application
____ Associate Power of Attorney
____ Small Entity Status Declaration Under 37 CFR _____

| FOR: | (Col. 1) NO. FILED | (Col. 2) NO. EXTRA | SMALL ENTITY RATE | FEE | OR | OTHER THAN A SMALL ENTITY RATE | FEE |
|--|-----------------------|-----------------------|----------------------|---------------|----|--------------------------------------|----------|
| BASIC FEE | | | | \$365 | OR | | \$730 |
| TOTAL CLAIMS | <u>10</u> -20 = * | <u>0</u> | x11 = \$ | | OR | x22 = \$ | |
| INDEP CLAIMS | <u>1</u> -3 = * | <u>0</u> | x38 = \$ | | OR | x76 = \$ | |
| [] MULTIPLE DEPENDENT CLAIM PRESENTED | | | +120 = \$ | | OR | +240 = \$ | |
| *If the difference in Col. 1 is less than zero, enter "0" in Col. 2. | | | TOTAL | \$ <u>365</u> | OR | TOTAL | \$ _____ |

____ Our Check No. _____ in the amount of \$ _____ to cover the filing fee is enclosed.

____ The Commissioner is hereby authorized to charge any additional fees which may be required, including extension fees, or credit any overpayment to Deposit Account No. 06-1300 (Order No. A- /). Two copies of this sheet are enclosed.

Respectfully submitted,

Jan P. Brunelle
Jan P. Brunelle
Registration No. 35,081
PT. EHR. HOHRACH TEST